

| POSITION | INITIALS | ID # | DATE |
|----------------------------------|-----------|----------------|-----------------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | <i>W</i> | <i>45</i> | <i>3/12</i> |
| FORMALITY REVIEW | <i>B7</i> | <i>IC3-883</i> | <i>03-15-01</i> |
| RESPONSE FORMALITY REVIEW | | | |

Best Available Copy

INDEX OF CLAIMS

| | | | |
|------------------------|------------|---|--------------|
| ✓ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| — (Through numeral)... | Canceled | A | Appeal |
| ÷ | Restricted | O | Objected |

| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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